

**Newsmaker Interviews: Pedro Cahn, M.D., Ph.D.
XVI International AIDS Conference
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JACKIE JUDD: Dr. Cahn, thank you for joining me today.

PEDRO CAHN, M.D., Ph.D.: My pleasure.

JACKIE JUDD: In your view, what is the most significant thing that can happen this week at the AIDS Conference?

PEDRO CAHN, M.D., Ph.D.: The most significant thing has already happened. This is the gathering of 25,000 people from more than 150 countries, coming together to discuss all the different faces of the epidemic. This itself is a big achievement. If you ask me in different parts you will find similar interesting data. For instance, in the clinical field, you will find information regarding new drugs, for instance the integrase inhibitors, new strategies like simplifying therapies by using more monotherapy. Actually new compounds are coming from the very early phase one, and different use regarding treatment for infections, the immunosuppression inflammatory syndrome, the issue of perinatal transmission and how to deal with different cultures which it's not a matter of sitting at a desk and saying, "Hey, you should just stop your practice of breastfeeding." No, you have to hope that mothers in different

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parts of the world will still breast feed and you should find solutions for that situation.

Then, we also have very important meetings during the week in which policy makers and some of them high ranked policy makers are gathering here in order to discuss how to improve our response. The theme of our conference is Time to Deliver.

JACKIE JUDD: I've asked almost every person I've interviewed from the IAS, what does that mean to you, because you could read a lot of different things into it.

PEDRO CAHN, M.D., Ph.D.: Yes, I can tell you what my take is from Time to Deliver. In my view, all the beautiful words have already been said and written. So the theory about how to confront AIDS is almost done. Let's go into practice, because guess what? Every, every single day 11,000 to 12,000 people are getting HIV, a preventable disease. Every year 2 million people are dying because of HIV/AIDs, a treatable disease. So let's stop talking and starting doing. Start delivering.

We need a commitment and there are some [inaudible] compromises, for instance by the [inaudible] by 2010 we should be achieving different goals, etc. But how can you do it if the money is not there? If you are using the money for other non-priority issues, like wars, etc., etc.

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So we need to be concrete. We need to confront the epidemic. We need \$23 billion US dollars in order to do it. If we don't have the money, we will never make it, because a lot of congress, in which they will never be able to deliver antiviral therapy without the help of the [inaudible]. So it's a [inaudible].

JACKIE JUDD: You talk about individual countries needs, and you of course, your home country is Argentina. There was a recent article in Science magazine about AIDS in Latin America.

PEDRO CAHN, M.D., Ph.D.: Yes, from Jon Cohen. Yes.

JACKIE JUDD: Exactly, and there was one article specifically on Argentina. He writes that Argentina finds itself with rich country expectations, but poor country limitations. What does that mean to you?

PEDRO CAHN, M.D., Ph.D.: Well, let me describe Argentina as I see it. Argentina is not a poor country. Argentina is a potentially rich country, but the problem in Argentina is not poverty in general, but the problem in Argentina is the wealth distribution. So if you look at what happens with wealth distribution, 10 percent of the population

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that is the poorest one, is only having 20 percent of overall the national income. The richest 10 percent has almost 40 percent.

JACKIE JUDD: So what does that do to the concept, for example of universal access?

PEDRO CAHN, M.D., Ph.D.: Well, in a country like mine, which is so called a middle-income country, you will find that for instance, universal access is guaranteed. That means if you come to my hospital, and you are tested and you are HIV positive, you will get the medicines for free. But let's say that you start taking your medicines and you get diarrhea. So you say, "Hey, Doctor, I've got diarrhea." So I prescribe you a compound like loperamide to stop your diarrhea. You don't get it for free. You have to buy it. So you may get [inaudible] a very expensive drug, but you won't get aspirin for free. This is the uneven situation that because in some programs are protected, like HIV, but restricted to HIV medicines and opportunistic infection.

JACKIE JUDD: But you're quoted in this article, as saying there have been occasions where your clinic has been without the AIDS drugs that you need.

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PEDRO CAHN, M.D., Ph.D.: This is different. Sometimes [inaudible] works in a way that it doesn't deliver timely what you need. But the main problem is not that, because this happens occasionally. I would say seldom. The point is I discovered a situation if you are coming to my clinic, you will receive the drugs for free, but what happens if you don't come. So our system is best described, and I think this applies to several countries in Latin America, as an open door system. You come in, you're welcome, and you will be treated. If you don't come then the system works as they are winning. Selecting out the most fit, and who are the most fit, people that have money to come to the hospital as many times as needed. People that can lose a day of work because they need to come to the hospital and they can afford to not to go to work for a day. Mothers that have somebody to take care for their children, so they can come to the hospital, or even worse, people that are healthy enough to cure at the hospital until they get attention.

So if we don't change the system, and if we don't go outside the hospital to look for the patients, to proactively search for HIV positive patients, we will continue having a less number of patients in treatment with the most contemporary drugs, and almost all the drugs, the same drugs that you have in the US or in Europe, we do have it in Argentina. But the

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problem is we are only targeting small proportion of the patients in need.

JACKIE JUDD: Well how many people do you suspect or know do not know they are HIV positive in Argentina?

PEDRO CAHN, M.D., Ph.D.: All the calculations for Argentina are around 150,000 people living with HIV. Okay.

JACKIE JUDD: Okay.

PEDRO CAHN, M.D., Ph.D.: Out of them, we have 30,000 people on treatment. That means 20 percent. Usually, even using the WHO guidelines you would need to have almost 60 percent of the population on treatment. That means that for every single patient we do have in treatment, there are other two that should be on treatment, but they are not. So the point is how do we deal with this. We need more [inaudible] campaigns. We need to promote voluntary counseling and testing. We need to outreach the community in order to get more people involved in their own health, for their own benefit. So if you are tested timely, you can help us to stop in some way or to reduce the patient epidemic and at the same time, you can be eligible for the treatment programs that we do have. It's

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not the situation of other countries in the region like Bolivia or Haiti in which you are really in a very difficult situation.

JACKIE JUDD: So then what's your prognosis for what the epidemic in Argentina will look like five years from now?

PEDRO CAHN, M.D., Ph.D.: I can tell you just in 1998 we diagnosed the first case in a woman. At that time for one case in a female, you had 20 cases in men. Today, the new HIV infections rate is almost 1.9/1. So it's becoming more and more in the heterosexual population following the department of feminization of the epidemic, and so being a country that provides full coverage for [inaudible] for therapy, we still have kids that are born with HIV. This is because the pregnant women are not taken care of, as they should be. Not the HIV positive pregnant women, but pregnant women at all. That's not happening in my hospital. I can tell you my hospital is a [inaudible] center that in the last few years, no newborn was HIV positive.

But does it speak about the overall Argentina? It does not. You don't need to travel to the far south or the far north; it's a very large country. Just go 10 miles outside my hospital and you will find hospitals in which almost .5, .6, .7 percent of all the mothers are HIV positive. Many of them they have no consultation during, or no clinical visits during their

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pregnancy. So they just show up, and you perform a rapid test, and they show up as positive in a free consultation, and this is at time of delivery.

JACKIE JUDD: Two years from now, everything you just talked about is going to be in the spotlight because the next AIDS Conference will be in Mexico, Mexico City. You're the incoming president of the International AIDS Society.

PEDRO CAHN, M.D., Ph.D.: So they say. So they say.

JACKIE JUDD: So it will be on you, Dr. Cahn. What do you want to see that conference to be about?

PEDRO CAHN, M.D., Ph.D.: First of all, I think that after this extremely successful conference, I can forecast this conference will be extremely successful not only in terms of quantity, but also in terms of quality. Quality of science in this conference will be really the best one we ever had. I think we should use this high bar to be our bottom line for the next conference, so we need also quantity, but we need quality. But in order to make a difference in the region, I think that the conference of August 2008 in Mexico should start next week. What do I mean by that? We need to ignite in some way, awareness about HIV using the conference as an excuse, but

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going and we're planning to visit if possible every single country in the Latin America before the conference. Going with the, like the Olympic flame, going country by country and saying, "We are going to Mexico in 2008, what are you doing from now to August 2008 in order to show the improvement of the situation regarding HIV/AIDS suffering in your country?" We're really trying to make a difference in the region with that.

JACKIE JUDD: Well good luck then and good luck this week.

PEDRO CAHN, M.D., Ph.D.: Thank you very much.

JACKIE JUDD: Thank you very much.

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